2008 ELECTION CYCLE CPR - SS 08-02(b)

POLITICAL COMMITTEE'S REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

OFFICE USE ONLY

DATE STAMP

Name of Committee_ Joeu	Fillingane		DATE STAMP
Address & Westona	6. Drive	County_ <u>Lan</u>	nar
Telephone 60 271 2076	0 (Fax) 601 2686	771	
Treasurer They Filing	Email Addres	ss peyldion	etdoor.com
Check here if above is diff	erent from previous report		
	TYPE OF REPORT • CHECK THE CATEGORY OF REPORT	YOU ARE SUBMITTING .	
	Election Report (January 1, 2008, thro		Mandatory
November 18, 2008 Pre-l	Runoff Report (October 26, 2008, thro	ugh November 15, 2008)	Runoff Candidates
X January 31, 2009 Annu	ual Report (January 1, 2008, through [December 31, 2008)	Mandatory
	lidate will no longer accept contribution no outstanding campaign debt or oblig		equired to terminate porting obligations
	IMPORTANT		
(1) Periodic reports are mandatory, even if n for total amount of reported contribution	no contributions or expenditures have occurred. In s s and expenditures during this period.	such case, the candidate shall sul	bmit a report indicating "0" (Zero)
	rt, annual and periodic reports must still be filed in		
(3) The appropriate office must be in actual office must be in actual receipt of the rec	receipt of the required reports by 5:00 p.m. on the r quired reports by 5:00 p.m. on the first working day	eporting day. If the deadline falls before the deadline. Faxed repor	on a weekend or a holiday, the ts are acceptable.
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received	receipt of the required reports by 5:00 p.m. on the r quired reports by 5:00 p.m. on the first working day I after the reporting period but more than 48 hours I contribution. Use separate form "48 Hour Report" i	before the deadline. Faxed repor before 12:01 a.m. on the day of the	ts are acceptable.
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the	quired reports by 5:00 p.m. on the first working day I after the reporting period but more than 48 hours i	before the deadline. Faxed repor before 12:01 a.m. on the day of the to report such activity.	ts are acceptable.
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office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the office of the fax of the fax or otherwise within 48 hours of the fax or othe	required reports by 5:00 p.m. on the first working day I after the reporting period but more than 48 hours is contribution. Use separate form "48 Hour Report" (REPORTED CONTRIBUTIONS AN (itemized + non-itemized)	before the deadline. Faxed report before 12:01 a.m. on the day of the coreport such activity. ID DISBURSEMENTS Total This Period	calendar year-to-date
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the office of the fax of the fax or otherwise within 48 hours of the fax or othe	REPORTED CONTRIBUTIONS AN (itemized + non-itemized)	before the deadline. Faxed report before 12:01 a.m. on the day of the to report such activity. ID DISBURSEMENTS Total This Period \$ 13940.55 \$ 2825. \$ 2825.	Calendar year-to-date \$ 13940.55
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the receipt of	reports by 5:00 p.m. on the first working day I after the reporting period but more than 48 hours it contribution. Use separate form "48 Hour Report" (REPORTED CONTRIBUTIONS AN (itemized + non-itemized) 77 00 100 + \$ 6240 . 555 1360 0 + \$ 1465 . Total amount of cash on hand	before the deadline. Faxed report before 12:01 a.m. on the day of the properties of the properties of the properties. ID DISBURSEMENTS Total This Period \$ 13940.55 \$ 2825. \$ 20,291.31 ge and belief it is true, accurate 1/27/09	Calendar year-to-date \$ 13940.55
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the footal amount of contributions \$ Total amount of disbursements \$ I certify that I have examine (Signature of Officer)	regired reports by 5:00 p.m. on the first working day I after the reporting period but more than 48 hours is contribution. Use separate form "48 Hour Report" (REPORTED CONTRIBUTIONS AN (itemized + non-itemized) 77 00 00 + \$ 6240 . 55 1360 0 + \$ 1465 . Total amount of cash on hand and this report and to the best of my knowledges.	before the deadline. Faxed report before 12:01 a.m. on the day of the to report such activity. ID DISBURSEMENTS Total This Period \$ 13940.55 \$ 2825. \$ 2825.	Calendar year-to-date \$ 13940.55
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the footal amount of contributions \$ Total amount of disbursements \$ I certify that I have examine (Signature of Officer) Authority: Refer to Miss. Code Ann. §23-15 Penalties: Failure to submit required report	REPORTED CONTRIBUTIONS AN (itemized + non-itemized) 77 00 100 + \$ 6240 . 550 Total amount of cash on hand ed this report and to the best of my knowledge	before the deadline. Faxed report before 12:01 a.m. on the day of the period or report such activity. ID DISBURSEMENTS Total This Period \$ 13940.55 \$ 2825. \$ 20,291.31 ge and belief it is true, accurate 1/27/09 (Date)	Calendar year-to-date \$ 13940.55 \$ 2825. ** te, and complete.
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the receipt of	regired reports by 5:00 p.m. on the first working day I after the reporting period but more than 48 hours is contribution. Use separate form "48 Hour Report" (REPORTED CONTRIBUTIONS AN (itemized + non-itemized) 77 00 100 + \$ 6240 . 555 1360 0 + \$ 1465 . Total amount of cash on hand and this report and to the best of my knowledge this report and to the set of my knowledge (1972) et. seq. for statutory requirements. ts, or failure to submit reports in accordance with	before the deadline. Faxed report perfore 12:01 a.m. on the day of the coreport such activity. ID DISBURSEMENTS Total This Period \$ 13940.55 \$ 2825. \$ 20,291.31 ge and belief it is true, accurate 1 27109 (Date) th statutory deadlines, or failure-15-811 and 813 (1972). Il legislative offices should	Calendar year-to-date \$ 13940.55 \$ 2825. ** te, and complete. e to submit valid reports shall return form to Delbert
office must be in actual receipt of the rec (4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the second for the fax or otherwise within 48 hours of the fax or otherwise with	Total amount of cash on hand ed this report and to the best of my knowledge ed this report and to the best of any knowledge ed this report and to the best of any knowledge ed this response of the sequence of the sequen	before the deadline. Faxed report perfore 12:01 a.m. on the day of the to report such activity. ID DISBURSEMENTS Total This Period \$ 13940.55 \$ 2825. \$ 20,291.31 ge and belief it is true, accurate 1/27/09 (Date) th statutory deadlines, or failure 15-811 and 813 (1972). II legislative offices should 36, Jackson, MS 39205 or failure 15-81.	Calendar year-to-date \$ 13940.55 \$ 2825. ** te, and complete. e to submit valid reports shall return form to Delbert x to 601-359-1499 or

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Secretary of State Capitol Office

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Name of Candidate or Committee Joeq		-
Reporting period 1/1/08	through 12/3/	108

ITEMIZED DISBURSEMENTS

Reporting period 1/1/08

A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4930 Hardy St. Hwy. 98 W	12/30/08	\$ 1360 %00
City, State, Zip Code Hatties Ours, MS 39402	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1360 %100
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Page _		or _	

Name of Candidate or Committee ______

Reporting period 1/1/08 th

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day,	Amount of each receipt
	Year)	this period
Full name Exxon Mobile Com. Mailing Address	3/17/58	\$ 500.00
PO BOX 2519	//	Ψ
City, State, Zip Code		\$
Houston, TX 77252-2519	//	
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$50.00
B. Source: dCorporation □ PAC □ Individual □ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day,	receipt
Tell name	Year)	this period
Full name Bayer Corp.	7/24/08	500,00
Mailing Address 100 Bayer Ro.	_/_/_	\$
City, State, Zip Code Pitsburch: PA 15205-9741	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day,	
		Amount of each
Full name	(Mo., Day,	Amount of each receipt
Full name Astro Feneco Mailing Address	(Mo., Day, Year)	Amount of each receipt
Full name A5 Teneco Mailing Address 1800 Concord Pike	(Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Full name Astro Zeneco Malling Address Lity, State, Zip Code Will Minch ton DE 19850-5437	(Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$
Full name Astronomy Mailing Address City, State, Zip Code	(Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Full name Astro Zeneco Malling Address Lity, State, Zip Code Will Minch ton DE 19850-5437	(Mo., Day, Year) 2/24/58 -/-//-/- Aggregate	Amount of each receipt this period \$ 500.00 \$
Full name Astro-Zeneco Mailing Address Sco Concord Pike City, State, Zip Code Wilmington DE 19850-5437 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 2/24/58 -/-//-/-	Amount of each receipt this period \$ \$ \$ \$ \$
Full name A5 To Fene Co Mailing Address 18 CO Concor of Pike City, State, Zip Code Wilmington DE 19850-5437 Name of Employer (Required)	(Mo., Day, Year) 2/24/58 -/-//-/- Aggregate year-to-date	Amount of each receipt this period \$ 500.00 \$
Full name ASTRA Feneral Mailing Address BCO Concord Pike City, State, Zip Code Wilmington DE 19850-5137 Name of Employer (Required) Occupation (Required) D. Source: Corporation (PAC Individual Loan	(Mo., Day, Year) 2/24/58 -/-//-/- Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ Amount of each receipt this period
Full name ASTO Teneco Mailing Address 18 CO Concor of Pike City, State, Zip Code Wilming Address Name of Employer (Required) Occupation (Required) D. Source: Corporation (PAC Individual Loan Other (please specify) Full name Ducth Good Gout Fund	(Mo., Day, Year) 2/24/58 -/-//-/- Aggregate year-to-date (Mo., Day,	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ Amount of each receipt
Tull name ASTO Jeneta Mailing Address SCO Concor d Pike City, State, Zip Code With the Composition of the Composition (Required) D. Source: Corporation (PAC Individual Loan Other (please specify) Full name Mailing Address Byte Concord of the Co	(Mo., Day, Year) 2/24/58 -/-// Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ \$ Amount of each receipt this period
Full name ASTA FENCIA Mailing Address SCO CONCOV OF KE City, State, Zip Code William Occupation (Required) D. Source: Corporation (PAC Individual Loan Other (please specify) Full name Mailing Address Full name City, State, Zip Code Mailing Address City, State, Zip Code Mailing Address City, State, Zip Code Mailing Address City, State, Zip Code	(Mo., Day, Year) 2/24/58 -/-// Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Astronomy Address Malling Address Sco Concord Pke City, State, Zip Code William DE 19850-5137 Name of Employer (Required) Occupation (Required) D. Source: Corporation (PAC Individual Loan Other (please specify) Full name Mailing Address Full name City, State, Zip Code City, State, Zip Code	(Mo., Day, Year) 2/24/58 -/-// Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$
Full name Astronomy Address Malling Address Stoc Concord Pike City, State, Zip Code William DE 19850-5137 Name of Employer (Required) Occupation (Required) D. Source: Corporation (PAC Individual Loan Other (please specify) Full name Mailing Address Full name City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code	(Mo., Day, Year) 2/24/58 -/-// Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$

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Name of Candidate or Committee

Reporting period 1/1/08

_through_12/31/0

ITEMIZED RECEIPTS

A. Source: □ Corporation PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Albert laboratories Employee PAC Mailing Address	10/21/08	\$ 500,00
100 Abboth Park Road	_/_/_	\$
City, State, Zip Code Alcho H Park, IL Coolet - 6078	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
B. Source: ☐ Corporation ▶ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day,	Amount of each receipt
Domer (prease speeny)	Year)	this period
MD Eye Political PAC	10/2808	\$1000.00
Mailing Address PO POX 217	_/_/_	\$
City, State, Zip Code Jackson, M5, 39705	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day,	receipt
	Year)	this period
Full name Enteriment Software Assoc. Mailing Address	10/2908	\$500.00
575745. Nw, Se.300	_/_/_	\$
City, State, Zip Code Los Zooo4	_/_/_	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
D. Source: XCorporation □ PAC □ Individual □ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day,	receipt
	3/>	
Eullname	Year)	this period
Full name	Year) 10 /28/ 08	\$500+(C)
Mailing Address 42 nd St.		\$ ~
Mailing Address 735 E. 42 Md St. City, State, Zip Code New Xovic, WX 10017-5755		\$500.00
Mailing Address 735 E. 42 Md St. City, State, Zip Code		\$500.00
Mailing Address 735 E. 42 Md St. City, State, Zip Code New York. WY 10017-5755		\$500.00 \$

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Name of Candidate or Comr	nittee Joey Filmgane
Reporting period_1/1/08	through 12/31/08
	ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Ambeuser-Busch, Toc. Mailing Address	10/28/08	\$ 500.00
City, State, Zip Code St. Lows, MO 63118-1852	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Corp.	11_125/08	\$300.00
Po Box 9034	_/_/_	\$
City, State, Zip Code Con Cova (A 94524	_/_/_	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$300.00
C. Source: Corporation PAC Individual Loan	Date (Mo. Day)	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Cleraia Pacific France Management (10) Mailing Address	12/5/08	\$ 500.00
PO BOX 61270	//	-
City, State, Zip Code Pheonix, AZ 85082-1270	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name (ave	12/5/08	\$500.00
Mailing Address PO Pox 1468	_/_/_	\$
City, State, Zip Code WS 39158	//	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$500.00

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Name of Candidate or Committee

Reporting period 1/1/08

through 12

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Lilly and Co.	12/29/08	\$ 250,00
Mailing Address	_/_/_	\$
City, State, Zip Code Indianapolis 770 46285 Name of Employer (Required)	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$250,00
B. Source: ♣ Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day,	Amount of each
Uther (please specify)	Year)	receipt this period
Full name Advance America	12/29/08	\$ 250 00
Mailing Address 135 N. Church A	//	\$
City, State, Zip Code Spartanbuk; SC 29306	//	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$250.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Mobile Corp.	12/30/08	\$500.00
Mailing Address Cov 2519	//	\$
City, State, Zip Code 1 77252 - 2519	_/_/_	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
D. Source: □ Corporation APAC □ Individual □ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name ATAT PAC	12/30/08	\$500.00
Mailing Address Capital St., Landmark Centr. Rm 703	_/_/_	\$
City State, Zip Code MS 39201	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$500.00